

**FY 2012 Chapter 59 Asset Forfeiture Report
by Attorney Representing the State
(Multi-County Jurisdiction)**

Agency Name: _____ Reporting Period: _____
(example: 9/1/11- 08/31/12)

Name of Attorney
Representing the
State (Printed): _____

Agency Mailing
Address: _____

Phone Number: _____

County: _____

Email Address: _____ This should be a permanent agency email address

NOTE: PLEASE ROUND ALL DOLLAR AMOUNTS TO THE NEAREST WHOLE DOLLAR

I. SEIZED FUNDS (Funds that have been seized, but not yet been awarded to your agency by the judicial system)

A) Beginning Balance: Instructions: Include total amount of seized funds on hand (in your agency's possession) at the beginning of the reporting period including interest. Include funds that may have been forfeited but have not been transferred to your agency's forfeiture account. Do not include funds that are in an account held by another agency, e.g. a police department's account.	\$
B) Ending Balance: Instructions: Include total amount of seized funds on hand (in your agency's possession) at the end of reporting period including interest. Do not include funds that are in an account held by another agency, e.g. a law enforcement account.	\$

II. FORFEITED FUNDS (Funds awarded to your agency by the judicial system)

A) Beginning Balance: Instructions: Include total amount of forfeited funds that have been forfeited to your agency and are on hand (in your agency's account or in your agency's possession) at the beginning of the reporting period including interest. Do not include funds that have been forfeited but have not yet been received by your agency.	\$
B) Ending Balance: Instructions: Total amount of forfeited funds that have been forfeited to your agency and are on hand (in your agency's account or in your agency's possession) at the end of the reporting period including interest. Do not include funds that have been forfeited but have not yet been received by your agency.	\$

III. SEIZURES DURING REPORTING PERIOD

A) Amount Seized By Employees of Your Agency: Instructions: Include only those seizures which occurred during the reporting period and where the seizure affidavit required by Article 59.03 is sworn to by a peace officer employed by your agency.	\$
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B) Forfeiture Petitions Filed For All Agencies You Represent:

Instructions: Enter the **total amount** of seized funds for which forfeiture petitions were filed during the reporting period. (This should be a currency amount, for example \$1,000).

\$

C) Property:

Instructions: List the number of items seized for the following categories:

Please Note: these should be a number, not a currency amount. For example: 4 pending, 3 seized, 12 new petitions, etc....	MOTOR VEHICLES (Include cars, motorcycles, tractor trailers, etc.)	REAL PROPERTY (Count each parcel seized as one item)	COMPUTERS (Include computer and attached system components, such as printers and monitors as one item)	FIREARMS (Include only firearms seized for forfeiture under Chpt. 59. Do not include weapons disposed of under Chpt. 18)	OTHER (Include description)
Seized by your agency during reporting period:					
New petitions filed for all agencies during reporting period:					
Forfeited to your agency during reporting period:					

IV. FORFEITED FUNDS RECEIVED DURING REPORTING PERIOD

Amount Forfeited to and Received by Reporting Agency (Including Interest) During Reporting Period:

Instructions: Do not include amounts forfeited but not yet received by your agency; interest refers to the amount earned prior to forfeiture and distributed as part of the judgment of forfeiture.

\$

V. LACK OF LOCAL AGREEMENT:

Amount deposited to State Treasury to the Credit of the General Revenue Fund Due to Lack of Local Agreement (Art. 59.06 (a)):

\$

VI. FORFEITED PROPERTY RECEIVED FROM ANOTHER AGENCY

Instructions: Enter the total number of items transferred to your agency where the forfeiture judgment awarded ownership of the property to another agency prior to the transfer.

A) Motor Vehicles (the number of vehicles, not a currency amount):

B) Real Property (the number of separate parcels of property, not a currency amount):

C) Computers (the number of computers, not a currency amount):

D) Firearms (the number of firearms, not a currency amount):

E) Other (the number of items, not a currency amount):

VII. FORFEITED PROPERTY TRANSFERRED OR LOANED TO ANOTHER AGENCY

Instructions: Enter the total number of items transferred or loaned from your agency where the forfeiture judgment awarded ownership of the property to your agency prior to the transfer.

A) Motor Vehicles (the number of vehicles, not a currency amount):

B)	Real Property (the number of separate parcels of property, not a currency amount):	
C)	Computers (the number of computers, not a currency amount):	
D)	Firearms (the number of firearms, not a currency amount):	
E)	Other (the number of items, not a currency amount):	

VIII.

EXPENDITURES

Instructions: This category is for **Chapter 59 expenditures SOLELY for law enforcement purposes or for the official purpose of your office** - not for expenditures made pursuant to your general budget. List the total amount expended for each of the following categories. If proceeds are expended for a category not listed, state the amount and nature of the expenditure under the Other category.

A)	SALARIES	
1.	Increase of Salary, Expense, or Allowance for Employees (Salary Supplements):	\$
2.	Salary Budgeted Solely From Forfeited Funds:	\$
3.	Number of Employees Paid Using Forfeiture Funds:	
TOTAL SALARIES PAID OUT OF CHAPTER 59 FUNDS:		\$
B)	OVERTIME	
1.	For Employees Budgeted by Governing Body:	\$
2.	For Employees Budgeted Solely out of Forfeiture Funds:	\$
3.	Number of Employees Paid Using Forfeiture Funds:	
TOTAL OVERTIME PAID OUT OF CHAPTER 59 FUNDS:		\$
C)	EQUIPMENT	
1.	Vehicles:	\$
2.	Computers:	\$
3.	Firearms, Vests, Personal Equipment:	\$
4.	Furniture:	\$
5.	Software:	\$
6.	Maintenance Costs:	\$
7.	Uniforms:	\$
8.	K9 Related Costs:	\$
9.	Other (Provide Detail on Additional Sheet):	\$
TOTAL EQUIPMENT PURCHASED WITH CHAPTER 59 FUNDS:		\$

D)	SUPPLIES	
1.	Office Supplies:	\$
2.	Cellular Air Time :	\$
3.	Internet:	\$
4.	Other (Provide Detail on Additional Sheet) :	\$
TOTAL SUPPLIES PURCHASED WITH CHAPTER 59 FUNDS:		\$

E)	TRAVEL	
1. In State Travel		
a)	Transportation:	\$
b)	Meals & Lodging:	\$
c)	Mileage:	\$
d)	Incidental Expenses (Any other travel expense not included on a, b, or c above):	\$
Total In State Travel		\$
2. Out of State Travel		
a)	Transportation:	\$
b)	Meals & Lodging:	\$
c)	Mileage:	\$
d)	Incidental Expenses (Any other travel expense not included on a, b, or c above):	\$
Total Out of State Travel		\$
TOTAL TRAVEL PAID OUT OF CHAPTER 59 FUNDS:		\$

F)	TRAINING	
1.	Fees (Conferences, Seminars):	\$
2.	Materials (Books, CDs, Videos, etc.):	\$
3.	Other (Provide Detail on Additional Sheet):	\$
TOTAL TRAINING PAID OUT OF CHAPTER 59 FUNDS		\$

G)	INVESTIGATIVE COSTS	
1.	Informant Costs:	\$
2.	Buy Money:	\$
3.	Lab Expenses:	\$
4.	Other (Provide Detail on Additional Sheet) :	\$

TOTAL INVESTIGATIVE COSTS PAID OUT OF CHAPTER 59 FUNDS:

\$

H) TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE

1. Total Prevention/Treatment Programs (pursuant to 59.06 (h), (l), (j)):

\$

2. Total Financial Assistance (pursuant to Articles 59.06 (n) and (o)):

\$

TOTAL PREVENTION/TREATMENT PROGRAMS/FINANCIAL ASSISTANCE (pursuant to Articles 59.06 (h), (l), (j), (n), (o)):

\$

I) FACILITY COSTS

1. Building Purchase:

\$

2. Lease Payments:

\$

3. Remodeling:

\$

4. Maintenance Costs:

\$

5. Utilities:

\$

6. Other (Provide Detail on Additional Sheet):

\$

TOTAL FACILITY COSTS PAID OUT OF CHAPTER 59 FUNDS:

\$

J) MISCELLANEOUS FEES

1. Court Costs:

\$

2. Filing Fees:

\$

3. Insurance:

\$

4. Witness Fees:

\$

5. Audit Costs and Fees:

\$

6. Other (Provide Detail on Additional Sheet):

\$

TOTAL MISCELLANEOUS FEES PAID OUT OF CHAPTER 59 FUNDS:

\$

K) PAID TO OR SHARED WITH COOPERATING AGENCY:

\$

L) TOTAL OTHER PAID OUT OF CHAPTER 59 FUNDS (provide detailed descriptions on additional sheet(s) and attach to this report):

\$

M) TOTAL EXPENDITURES:

\$

**BOTH THE COMMISSIONERS COURT AND ATTORNEY REPRESENTING THE STATE
CERTIFICATIONS MUST BE COMPLETED**

NOTE: ART. 59.06(g)(1) requires the Commissioners Court to perform the audit. Therefore, each Commissioners Court in a Multi-County jurisdiction is required to perform the audit. For convenience, this form allows for certification by all counties in a multi-county jurisdiction.

CERTIFICATION

I swear or affirm that the Commissioners Court has conducted the audit required by Article 59.06 of the Code of Criminal Procedure, unless after due inquiry, it has been determined that no accounts, funds or other property pursuant to Chapter 59 of the Code of Criminal Procedure are being held or have been transacted in the relevant fiscal year by the agency for which this report is being completed, and that upon diligent inspection of all relevant documents and supporting materials, I believe that this asset forfeiture report is true and correct and contains all of the required information.

COUNTY JUDGE (Printed Name):

SIGNATURE:

COUNTY:

DATE:

CERTIFICATION

I swear or affirm that the Commissioners Court has conducted the audit required by Article 59.06 of the Code of Criminal Procedure, unless after due inquiry, it has been determined that no accounts, funds or other property pursuant to Chapter 59 of the Code of Criminal Procedure are being held or have been transacted in the relevant fiscal year by the agency for which this report is being completed, and that upon diligent inspection of all relevant documents and supporting materials, I believe that this asset forfeiture report is true and correct and contains all of the required information.

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SIGNATURE:

COUNTY:

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COUNTY JUDGE (Printed Name):

SIGNATURE:

COUNTY:

DATE:

CERTIFICATION

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COUNTY JUDGE (Printed Name):

SIGNATURE:

COUNTY:

DATE:

CERTIFICATION

I swear or affirm, under penalty of perjury, that I have accounted for the seizure, forfeiture, receipt, and specific expenditure of all proceeds and property subject to Chapter 59 of the Code of Criminal Procedure, and that upon diligent inspection of all relevant documents and supporting materials, I believe that this asset forfeiture report is true and correct and contains all information required under Article 59.06 of the Code of Criminal Procedure. I further swear or affirm that all expenditures reported herein were lawful and proper, and were made in accordance with Texas law.

ATTORNEY REPRESENTING THE
STATE (Elected Official) (Printed
Name):

SIGNATURE:

DATE:

RETURN COMPLETED FORM TO:

Office of the Attorney General
Criminal Prosecutions Division
P.O. Box 12548
Austin, TX 78711-2548
Attn: Kent Richardson
(512)936-1348

**WE CANNOT ACCEPT FAXED OR EMAILED COPIES. PLEASE MAIL
THE SIGNED, ORIGINAL DOCUMENT TO OUR OFFICE AT THE
ADDRESS ABOVE.**